ITEMS LISTED IN BILL ORDER

Intermediate development
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Implemented

Item	Issue & Reference	Facilities Impacted	Legislative Directive	Status	Anticipated Timeline	Process Owner
1	Name change for rehab centers [Bill: §2, p. 3 & § 3 p. 5/ C.R.S. §25-1.5-103 (a)(I)(A) & §25-3-101 (1)]	- Rehab centers	- Changes facility name from "rehabilitation center "to "rehabilitation" hospital	- Implemented	- 10/17/12: adopted by BOH	Lorraine Dixon-Jones
2	Deletion from the list: "chiropractic centers and hospitals" and "maternity hospitals" [Bill: §2, p. 3 & § 3 p. 5/ C.R.S. §25-1.5-103 (a)(I)(A) & §25-3-101 (1)]	Chiro centers and hospitalsMaternity hospitals	- Deletes these from the list of facilities subject to licensure oversight	- Implemented	- 9/19/12: adopted by BOH	Laurie Schoder
3	Extended survey cycle/tiered survey Bill: §2, p. 3 C.R.S. §25-1.5-103 (1)(a)(I)(C)]	All	 Eligibility. Entity must have either an extended survey cycle or tiered survey if within 3 years prior to inspection date it has: been licensed no enforcement activity¹ no patterns of deficient practice no substantiated complaint resulting in significant deficiencies that negatively affect life, health or safety within 3 yrs of inspection date Expanding the scope. Scope of survey may be expanded to full survey if deficient practice is found during tiered survey Medicare/Medicaid obligations. Nothing limits Dept ability to meet obligations established by CMS or HCPF 	- Advanced development Orig 7/1	- 01/16/13: rule change - Implementation	Rule change: Laurie Schoder Ops: Lorraine Dixon- Jones

¹ "Enforcement activity" means the imposition of remedies such as civil money penalties; appointment of receiver or temporary manager; conditional licensure; suspension or revocation of a license; a directed plan of correction; intermediate restrictions or conditions, including retaining a consultant, department monitoring, or providing additional training to employees, owners, or operators; or any other remedy provided by state or federal law or as authorized by federal survey, certification, and enforcement regulations and agreements for violations of federal or state law. [Bill: § 2, p. 5, C.R.S.: 25-1.5-103(2)(b.5)]

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Item	Issue & Reference	Facilities Impacted	Legislative Directive	Status	Anticipated Timeline	Process Owner
				Orig 3/1	\circ 07/01/14: nursing homes	
4	Performance incentive system Created - [Bill: §2, p. 4, C.R.S. §25-1.5-103(1)(D)] Parameters - [Bill: §7, p. 12, C.R.S. §25-3-105(1)(a)(I)(C)]	All	 Requires rulemaking regarding reduced renewal fee if: onsite inspection shows no significant deficiencies that have negatively affected life, safety or health of consumers, facility fully and timely cooperated with onsite inspection, no documented actual or potential harm to consumers, and if deficiencies are cited, the facility has submitted an acceptable POC and corrected the deficient practice as verified by the Department within required time period. 	- Advanced development	 01/16/13: proposed rule provisions pulled from the BOH hearing to ensure stakeholder consensus is achieved 01/17/13 – independent contractor hired to review fiscal implications of performance incentives 08/30/13: stakeholder meeting(s) to address contractor findings and negotiate consensus 01/16/14: rulemaking hearing with effective date of 03/17/14 (please note that performance incentives were in place for home care agencies prior to HB1294) 	Rule change: Laurie Schoder Fiscal implications: independent contractor Ops: Lorraine Dixon-Jones
5	Citing low level deficiencies [Bill: §2, p. 4 C.R.S. §25-1.5-103(1)(E)]	All	- Dept shall not cite deficiencies resulting from a survey that is an isolated event that can be effectively remedied during the survey, unless deficiency caused harm or potential for harm, created a life- or limb-threatening emergency, or was due to abuse or neglect.	- Implemented	- 01/01/13: incorporated into survey process	Lorraine Dixon-Jones
6	Community clinic definition [Bill §3, p. 6 C.R.S. §25-1-101 (2)(a)&(4)]	Community clinicsHospitals	 Defines clinics as ambulatory services that are neither licensed as an on-campus department or service of a hospital nor listed as an OCL under a hospital's license, and meets at least one of the following: has inpatient beds for extended observation and other related services for < than 72 hours provides emergency services; 	- Implemented	- 11/21/12: adopted by BOH	Lorraine Dixon-Jones

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			 is not otherwise subject to licensure but opts to get it in order to receive donations, grants, government funds, or other public or private reimbursement for services rendered Community clinic also includes prison clinics operated by DOC 			
7	Attestations [Bill: §4, p. 7 C.R.S. §25-3-102 (1)(c)]	All	- Dept cannot require, as evidence of fitness, attestation as to general compliance with statutory or regulatory licensing requirements. However, Dept may require applicant to attest to the accuracy of information provided.	- Implemented	- 06/30/12	Certification, Licensing & Registration (CLR) unit & IT
8	Fitness and Change of ownership(CHOW) [Bill: §4, p. 8 C.R.S. §25-3-102 (1)(e)]	All	 Fitness of new owners. The Dept shall conduct a fitness review for a new owner based upon: 5 year history(compliance history, etc) preceding date of application; and 10 years if owner was a) convicted of a felony or misdemeanor involving moral turpitude; b) had a state license or fed cert denied, revoked, or suspended in another jurisdiction; c) had civil judgment or criminal conviction brought by fed/state/local authority that resulted from operation or other entity related to substandard patient care or health care fraud Fitness of existing owners. Dept may only review existing owner for a CHOW when Dept has new info not previously available or disclosed that bears on the fitness of existing owner to operate or maintain a facility When a conversion is not a CHOW. A conversion is not a CHOW unless it includes a transfer of at least 50% of the licensed facility's direct or indirect ownership interest to one or more owners 	- Implemented	- Policy change: 07/01/12 - Rule change: 01/16/13	Policy change: CLR unit Rule change: Laurie Schoder
9	Deeming Bill: §5, p. 9 C.R.S. §25-3-102.1	All	 General. Dept shall deem facilities currently accredited by org recognized by CMS as satisfying requirements for renewal. If state standards more stringent. If standards for national 	- Advanced development	- 01/16/13: proposed rule provisions pulled from the BOH hearing to ensure stakeholder consensus is	Rule change: Laurie Schoder Fiscal implications:

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			 accreditation are less stringent than licensure standards, Dept may conduct survey that focuses on more stringent state standards. Validation surveys. One year after granting deemed status, Dept may conduct validation survey based on valid sample methodology for up to 10 percent of facilities, excluding hospitals. Revocation of deemed status. Dept may revoke deemed status if it takes an enforcement activity against the facility. Reduced fee. There Dept shall provide appropriate credit or reduced fee for deemed status. 		achieved - 01/17/13 – independent contractor hired to review fiscal implications - 08/30/13: stakeholder meeting(s) to address contractor findings and negotiate consensus - 06/11/14: rulemaking hearing with effective date of August 15, 2014	independent contractor Ops: Lorraine Dixon- Jones
10	Fees - Provisional [Bill: §6, p11/C.R.S. §25-3-103(1)(c)] - Licensure [Bill §7, p12/ C.R.S. §25-3-105 (1)(a)(I)(B)]	All	- BOH may incr-ease fees (including provisional fees) by an amount not to exceed the annual percentage change in the CPI for Denver-Boulder-Greeley	No action needed	N/A	N/A
11	Stakeholder Forum - Bill: §8, p. 13 C.R.S. §25-3-113]	All	 Creation Creates a stakeholder forum within the Dept Members to include of reps from various types of providers, consumers, consumer advocates, ombudsmen and other interested parties. Members are voluntary and serve without compensation "The department shall meet at least 4 times each year with the stakeholder forum to discuss and take into consideration the concerns and issues of interest to the forum members and other attendees regarding the development and implementation of rules and other matters that affect all health care facilities licensed by the department. The department shall consider the attendance of its representatives at meetings with the stakeholder forum to be within the normal course of business, with no additional appropriation to or resources from the department required." 	- Implemented	 02/20/13: independent facilitator obtained to assist stakeholders in defining forum infrastructure 06/20/13: first meeting held 	- Randy Kuykendall

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			 Members responsible for noticing, staffing, recording and reporting notes from stakeholder forum meetings. Stakeholder forum shall not duplicate work being done by other advisory committees or working group and shall be used, as appropriate to meet requirements of HB 12-1008. 			
12	- <i>Report of licensure costs</i> [Bill: §7, p. 12 C.R.S. §25-3-105(2)]		- Accounting of licensure costs. An accounting of licensure costs shall be sent at least annually to the stakeholder forum	- Advanced development	- 03/01/14: report to stakeholder forum	- Kim Fear
13	HAI committee – change in membership requirement [Bill: §9, p. 14 C.R.S. §25-3-602 (4)]	- Hospitals - ASCs - ESRDs	- Instead of requiring 3 RNs certified by the Certification Board of Infection Control and Epidemiology (CBIC), requires 3 health care professionals certified by the CBIC	- Implemented	- N/A	- N/A
14	Home care placement agencies cannot claim licensure/cert [Bill: §10, p. 14 C.R.S. §25-27.5-103]	- Home care placement agencies	- Clarifies that a placement agency is not licensure or certified by the Dept. Prohibits placement agencies from claiming licensure or certification and authorizes a civil penalty of \$500-1,000 per year.	- No action needed	- N/A	- N/A
15	Skilled home health vs. personal care services: differing requirements for [Bill: §11, p. 15 C.R.S. §25-27.5-104 (1)]	- Home care agencies	- Instead of BOH <u>considering</u> different requirements appropriate for skilled home health vs personal care services, <u>it must establish</u> different requirements and requires HCPF and CDPHE to work jointly to resolve differing requirements	- Implemented	- No action needed at this time. The Home Care Advisory Committee will address issues as they arise	- HCPF and Randy Kuykendall
16	PACE [Bill: §11, p. 15 C.R.S. §25-27.5-104 (1)]	- Home care agencies	- Provides that HCPF and CDPHE shall only regulate PACE consistent with a 3-way agreement between CMS, HCPF, and the provider, except the Dept may require additional information from the provider with regard to reporting instances of abuse	- Advanced development	- 04/01/14: consolidated survey and complaint investigation process resulting from joint CDPHE/HCPF Lean event. (Lean event conducted 12/30 - 12/31/13 .)	- HCPF and Randy Kuykendall
17	DD group home oversight coordination [Bill: §12, p. 15 C.R.S. §27-105-109 (2)(b)]	- DD group homes	- By 12/31/12, CDPHE, HCPF, and DHS must develop implementation plan, in consultation with industry reps, to resolve differing requirement eliminate obsolete/redundant rules and work processes regarding DD group home oversight. The Depts shall study feasibility of implementing a consolidated survey. The Depts shall	- Implementation plan completed	- 12/31/12	- Lorraine Dixon- Jones

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			report progress to respective committees of reference when making their departmental presentations pursuant to 2-7-201, CRS.			
18	Simultaneous surveys: DD group home and personal care services [Bill: § 12, p. 16 C.R.S. § 27-105-109 (3)(b)(II)]	 DD group homes Class B Home Care agencies 	- If a service agency operates a DD group home and personal care services, CDPHE or DHS as appropriate is responsible for conducting the surveys of both simultaneously.	- Advanced development	 11/25/13: to date have piloted multiple simultaneous surveys 03/01/14: transition from pilot to routine implementation 07/01/14: JBC expected to transition FTE from DHS to CDPHE to allow full integration of survey processes 	- Judy Hughes